

ADDRESS CHANGE NOTIFICATION FORM

In order to protect your right to receive notices and offer input, **all** agencies and persons related to your case must have your **current** address and telephone number. These agencies usually include the York County Sheriff's Office, the Virginia Peninsula Regional Jail, and the York/Poquoson Commonwealth's Attorney's Office.

Please notify any agency of your new address and phone number if you wish to receive services from that agency. If you wish to be advised of new developments in your case (Example: new court date), please notify the Office of the Commonwealth's Attorney and Sheriff's Department of your current address and phone number. If you wish to be notified of the defendant's release from incarceration, please notify the Virginia Peninsula Regional Jail or Department of Corrections (separate forms that can be provided to you, if they are necessary and not included with this form.)

York County Sheriff's Office
P. O. Box 99
Yorktown, VA 23690

Victim-Witness Assistance Program
Office of the Commonwealth's Attorney
P. O. Box 40
Yorktown, VA 23690

Please note: Under the Crime Victim and Witness Act of 1995, it is your responsibility to notify these or any other agencies of your new address and phone number if you move. (This information can be kept confidential at your request.) To send us notification of your new address and phone number, just complete and detach the bottom of this sheet. Please make as many copies as you may need to send notification to different agencies.

If you have any questions, please call the York/Poquoson Victim-Witness Assistance Program at (757) 890-3402.

ADDRESS CHANGE NOTIFICATION

YOUR NAME: _____

DEFENDANT'S NAME: _____

ADDRESS: _____

PHONE NUMBER(S): _____